

PTO/SB/06 (8-96)

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PATENT APPLICATION CORP. PATENT APPLICATION FEE DETERMINATION RECORD *(*182,772 OTHER THAN CLAIMS AS FILED - PART I **SMALL ENTITY** SMALL ENTITY (Column 2) (Column 1) FOR NUMBER FILED NUMBER EXTRA **RATE** RATE FEE BASIC FEE \$355 OR \$ TOTAL CLAIMS (37 CFR 1.16(c)) 0 6 minus 20 = 0 OR INDEPENDENT CLAIMS 2 minus 3 = O OR 0 MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) 0 OR If the difference in column 1 is less then zero, enter "0" in column 2 \$ 355/= TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY OR (Cohmn 1) (Column 2) SMALL ENTITY (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT AMENDMENT RATE TIONAL RATE TIONAL **AFTER PREVIOUSLY EXTRA** AMENDMENT FEE FEE PAID FOR Total OR Minus (37 CFR 1.16(c)) OR Independent Minus (37 CFR 1.16(b)) = OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR (Column 1) (Column 2) (Column 3) ADDIT. FEE ADDIT. FEE **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT AMENDMENT RATE TIONAL RATE TIONAL **AFTER PREVIOUSLY EXTRA** FEE AMENDMENT FEE PAID FOR Total (37 CFR 1.16(c)) OR Minus OR Independent Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR (Column 1) ADDIT. FEE ADDIT. FEE (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING **AMENDMENT** NUMBER PRESENT RATE TIONAL RATE TIONAL **AFTER** PREVIOUSLY **EXTRA** FEE AMENDMENT FEE PAID FOR Total (37 CFR 1.16(c)) OR Minus Independent OR Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column I Burden Hour Statement: This form is estimated to (10tal or independent) is the nignest number round in the appropriate box in column 1. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

TOTAL

ADDIT. FEE

TOTAL

ADDIT. FEE

OR

BEST AVAILABLE COPY

Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

09781090

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			6					RATE	FEE	]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	· 710.00	
TOTAL CHARGEABLE CLAIMS			6 minus 20=		• - 4			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			2 minus 3 =		* —			X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM P			RESENT					+135=			+270=		
* If	the difference	less than ze	ss than zero, enter "0" in co			1	TOTAL	355	OR OR	TOTAL			
CLAIMS AS AMENDED - PART II								IOIAL	ردد	JON	OTHER	THAN	
		(Column 1)	(Column 2) (Column 2)			(Column 3)		SMALL ENTITY			SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	. 6	Minus	" á	70	=		X\$ 9=		OR	X\$18=		
AME	Independent	. 2	Minus	*** \	3	=/		X40=		OR	X80=		
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN.	T CLAIM			+135=			+270=		
								TOTAL		OR	TOTÁL		
(Column 1) (Column 2) (Column 3)								ADDIT. FEE		OR	ADDIT. FEE		
AMENDMENT B	)	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST HBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	T CL AINA	<u> -</u>		X40=		OR	X80=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE		
	(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	•	Minus	***		=		X40=			X80=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J ∤			OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
٠٠	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL ADDIT. FEE  OR ADDIT. FEE  TOTAL ADDIT. FEE												